



# SOUTH CAROLINA DEPARTMENT OF INSURANCE

MARK SANFORD  
Governor

300 Arbor Lake Drive, Suite 1200  
Columbia, South Carolina 29223  
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Columbia, South Carolina 29202-3105  
(803) 737-6095

## APPLICATION FOR RENEWAL OF RENTAL CAR FOR THE LICENSING PERIOD 01/01/2005 THRU 12/31/2006

Name:  
Address:  
City, State, Zip:  
Contact:

Company Code:  
Company Type: Rental Car  
Type Organization: 2  
Phone No:

THE RECORDS OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE REFLECT THAT YOUR ORGANIZATION IS CURRENTLY LICENSED AS A RENTAL CAR PURSUANT TO THE REQUIREMENT OF S.C. CODE ANN. 38-43-500 (REVISED 2002). YOUR CONTINUATION LICENSE FEE IS \$40. PLEASE MAKE YOUR CHECK PAYABLE TO SOUTH CAROLINA DEPARTMENT OF INSURANCE. THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THIS DEPARTMENT ALONG WITH ALL OTHER REQUIRED ITEMS NO LATER THAN **12/31/2004**. IF YOUR CHECK AND COMPLETED APPLICATION ARE NOT RECEIVED BY **DECEMBER 31, 2004**, THE COMPANY LICENSE WILL BE CANCELED. THE FEE TO REINSTATE A CANCELED COMPANY LICENSE IS \$80.

### SECTION I – LIST MAJOR OWNER AND PERCENTAGE OR OWNERSHIP IF ORGANIZATION TYPE IS CORPORATION OR PARTNERSHIP (Attach a copy of the partnership agreement if applicant is a partnership)

- 1.
- 2.
- 3.

### SECTION II – PROVIDE STATE OR INCORPORATION IF TYPE ORGANIZATION IS A CORPORATION (Attach a copy of Certificate of Authority, Letter of Good Standing, and Articles of Incorporation from State of Incorporation)

State of Incorporation: \_\_\_\_\_

### SECTION III – LIST OTHER LOCATIONS (Attach a separate sheet if necessary)

STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE #
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- 1.
- 2.
- 3.

### SECTION IV – LIST ALL PARTNERS OR OFFICERS (Attach a separate sheet if necessary)

NAME	SOC. SEC. NO.	BIRTH DATE
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- 1.
- 2.
- 3.

### SECTION V – PROVIDE APPLICANT'S HOURS OF OPERATION WITHIN THE STATE OF SC

(EASTERN STANDARD TIME): \_\_\_\_\_

(TOLL FREE NUMBER): \_\_\_\_\_

(NUMBER OF INCOMING TELEPHONE LINES): \_\_\_\_\_

(INCOMING CALL QUEUE TIME): \_\_\_\_\_

### APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application, is complete, true, and correct to the best of my knowledge. Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Signed \_\_\_\_\_  
Title \_\_\_\_\_